## EXTENSION OF TERM

| 3. The proceedings herein are for a patent application and the provisions of 37 C.F.R. 1.136 apply.   |                |                                |                                     |  |  |  |  |  |  |  |
|---|----------------|--------------------------------|-------------------------------------|--|--|--|--|--|--|--|
| (complete (a) or (b), as applicable)  (a) Applicant petitions for an extension of time under 37 C.F.R. 1.136  (Fees: 37 C.F.R. 1.17(a)-(d) for the total number of months checked below:)   |                |                                |                                     |  |  |  |  |  |  |  |
| Extension for res   | sponse within: | Other than small<br>entity Fee | Small entity Fee<br>(if applicable) |  |  |  |  |  |  |  |
|   | first month    | \$ 120.00                      | \$ 60.00                            |  |  |  |  |  |  |  |
|   | second month   | \$ 450.00                      | \$ 225.00                           |  |  |  |  |  |  |  |
|   | third month    | \$ 1,020.00                    | \$ 510.00                           |  |  |  |  |  |  |  |
|   | fourth month   | \$ 1,590.00                    | \$ 795.00                           |  |  |  |  |  |  |  |
|   | fifth month    | \$ 2,160.00                    | \$1,080.00                          |  |  |  |  |  |  |  |
|   |                | Fee Due                        | \$                                  |  |  |  |  |  |  |  |
| If an additional extension of time is required, please consider this a petition therefor.  (Check and complete the next item, if applicable)  An extension of months has already been secured. The fee paid therefor \$ is deducted from the total fee due for the total months of extension now requested. |                |                                |                                     |  |  |  |  |  |  |  |
| Extension fee due with this request \$  |                |                                |                                     |  |  |  |  |  |  |  |
| OR  |                |                                |                                     |  |  |  |  |  |  |  |
| (b) Applicant believes that no extension of term is required. However, this<br>conditional petition is being made to provide for the possibility that<br>applicant has inadvertently overlooked the need for a petition for extension<br>of time.   |                |                                |                                     |  |  |  |  |  |  |  |

## EEE FOR CLAIMS

| 4.     | The fee            | for cla   | ime (37 ( |                               | L(d)) back                 | ivis<br>seen calculated as s   | hown | helow:                  |  |  |
|--------|--------------------|---|-----------|-------------------------------|----------------------------|--|------|-------------------------|--|--|
| ٠,     | (Col. 1)           |   | (Col. 2)  | (Col. 3)                      | SMALL ENTITY               | OTHER T  |      |                         |  |  |
|        | CLAIMS             |   |           | (COL 2)                       | (001.5)                    | 5112 LEVIII I  |      | 0                       |  |  |
|        | REMAINING          |   |           | HIGHEST NO.                   |                            |  |      | , pp.mov.               |  |  |
|        | AFTER<br>AMENDMENT |   |           | PREVIOUSLY<br>PAID FOR        | PRESENT<br>EXTRA           | ADDITIONAL.<br>RATE FEE  | OR   | ADDITIONAL<br>RATE FEE  |  |  |
| TOT.1  | 1                  |   | MINUS     |                               | -0                         | x \$25.00 = \$   |      | x \$50.00 = \$          |  |  |
| INDEP. | -                  |   | MINUS     |                               | =0                         | x \$100.00 = \$  |      | x \$200.00 = \$         |  |  |
| _      | FIRS               | PRESEN  | TATION OF | MULTIPLE DEP. (               | CLAIM                      | + \$180.00 = \$  |      | + \$360.00 = \$         |  |  |
|        |                    |   |           |                               |                            | TOTAL ADDITIONAL FEE \$  | OR   | TOTAL ADDITIONAL FEE \$ |  |  |
|        | (a)                | $\boxtimes$   | No add    | itional fee fo                | r Claims is                | required   |      |                         |  |  |
|        | (b)                |   | Total a   | dditional fee                 |                            | required \$  |      |                         |  |  |
|        |                    |   |           | FEF                           | E PAYME                    | NT   |      |                         |  |  |
| 5.     |                    | Attached is a check in the sum of \$  |           |                               |                            |  |      |                         |  |  |
|        |                    |   |           | t Account No<br>this transmit |                            |  |      |                         |  |  |
|        |                    |   |           | FEE !                         | DEFICIE                    | NCY  |      |                         |  |  |
| 6.     |                    | If any additional extension and/or fee is required, charge Deposit Account No. 01-2384. |           |                               |                            |  |      |                         |  |  |
| AND/OR |                    |   |           |                               |                            |  |      |                         |  |  |
|        | $\boxtimes$        | ☐ If any additional fee for claims is required, charge Deposit Account No. 01- 2384.    |           |                               |                            |  |      |                         |  |  |
| 7.     |                    | Other:  |           |                               |                            |  |      |                         |  |  |
|        | ï                  |   |           |                               | Reg<br>ARI<br>One<br>St. 1 | iiel M. Fitzgerad<br>i. No. 38,880<br>MSTRONG TEAS!<br>Metropolitan Sque<br>Louis, MO 63102<br>1621-5070 | DALI | ELLP                    |  |  |